## PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

PDC Form L-1 (rev. 12/14)

## LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

## DATE FILED PDC

NOT VALID UNLESS SIGNED BY BOTH

(360) 753-1111 TOLL FREE 1-877-601-2929			(42/44)	
1. Lobbyist Name			(12/14)	DEC 1 7 2018
Betty Buckley				
Permanent Business Address			Business Telephone Numbers	
14534 S. Hwy 21			Permanent ( 360 ) 262-2233	
			Temporary ( )	
City State Zip			Cell Phone ( 509 ) 690-0530	
Republic	VA .	99166	or Pager	, 555-5555
Temporary Thurston County address during legislative session				
1102 Garrison Street NE, Olympia, WA 98506			E-Mail Address	
			betty@wita-tel.org	
Employer's name and address (person or group for which you lobby)     Washington Independent Telecommunications Association (WITA)				ccupation, business or description of
PO Box 2473, Olympia, WA 98507-2473			purpose of organization Executive Director	
The state of the s	· · · · · · · · · · · · · · · · · · ·	المستسين	Non-profit tra	de association for telecommunications
<ol> <li>Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)</li> </ol>			E-Mail Addre	ss
			rvitzthum@sc	cattercreek.com
Rick Vitzthum, 225 Central Ave West, PO Box 4005, Tenino, WA 98589  5. What is your pay (compensation) for lobbying?  Description of employment (check of				
5. What is your pay (compensation) for lobbying?  \$60.00		Description of employment (check one of	or more boxes)	
(hour, day, month, year)		<ul><li>☑ Full time employee</li><li>☐ Part time or temporary employee</li></ul>		Sole duty is lobbying
Other: Explain:	☐ Contractor, retainer or similar agreement ☐ Contractor, retainer or similar agreement ☐ Contractor, retainer or similar agreement			
Unsalaried officer or member of				
Are you reimbursed for lobbying expenses? Explain which expenses?  Yes: \$ per	Does employer pay any of your lobbying expenses directly?  If yes, explain which ones.			
Yes: I am reimbursed for expenses.	Legislative related activities (i.e. meals & travel)			
No: I am not reimbursed for expenses.				
7. How long do you expect to lobby for this organization?				
✓ Permanent lobbyist ☐ Only during legislative session ☐ Other, Explain:				
8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a representative entity which lobbies on behalf of businesses, groups, associations, or organizations? If "yes," attach a list showing the name and address of each member or funder who has paid fees, dues or other payments over \$1,450 during either of the past two years or is expected to pay over \$1,450 this year.				
☐ No ☐ Yes. However, no member or funder has paid, pays, or is expected to pay over \$1,450.				
✓ Yes. The list is of parties attached     ✓ Yes. The list				
9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.				
□ No ·				
✓ Yes. Name of the committee is: Washington Independent Telephone Political Action Committee (WITPAC)				
10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying duties, list name of each person who will lobby. (See WAC 390-20-143 and 144 for instructions.)				
N/A	4	1		
11. Areas of interest. Lobbying is most frequent before legislative committee members Remarks:				
or state agencies concerned with following subjects:  CODE SUBJECT CODE SUBJE	O.T.		-	
01 ☐ Agriculture 09 ☐ Health	Care			-
03 Constitutions and elections 11 Human	education services			
04 ☐ Education 12 ☐ Labor 05 ☑ Energy and utilities 13 ☐ Law and	d justice			
06 ☐ Environmental affairs - natural 14 ☑ Local g	overnment		•	
07 ☐ Financial Institutions and 16 ☐ Techno		`		
insurance 17 ☐ Transpo 08 ☑ Fiscal 18 ☐ Other -	ortation Specify:			
CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.		EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.		
12. LOBBYIST'S SIGNATURE	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE DATE			
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